## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007685

**Entity Name: KINGDOM EXPANSION MINISTRIES INTERNATIONAL INC** 

**FILED** Mar 14, 2019 **Secretary of State** 8016298270CC

## **Current Principal Place of Business:**

1501 PARTIN DR. N. **APT 251** 

NICEVILLE, FL 32578

## **Current Mailing Address:**

1501 PARTIN DR. N. **APT 251** 

NICEVILLE, FL 32578 US

FEI Number: 27-3241667 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

1501 PARTIN DR N APT 251 NICEVILLE, FL 32578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN MARTIN 03/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

**PRES** Title Title SEC

MARTIN, KEVIN MARTIN, DEBORAH Name Name 1501 PARTIN DR. N.

Address 1501 PARTIN DR. N. Address APT 251 APT 251

NICEVILLE FL 32578 NICEVILLE FL 32578 City-State-Zip:

Title **TRES** Title DIR

REECE, PHILLIP Name MARTIN, JASON Name

221 WILLIS ST 26 QUIET COVE Address Address 208 HAMMOCK BAY

BATESBURG-LEESVILLE SC 29006 FREEPORT FL 32439 City-State-Zip: City-State-Zip:

Title Title DIR **DIRECTOR** 

REECE, N. DEAN Name Name NIEDBALSKI, ALAN 26 QUIET COVE Address 4084 BOND CIRCLE Address HAMMOCK BAY

City-State-Zip: NICEVILLE FL 32578 FREEPORT FL 32439 City-State-Zip:

Title **DIRECTOR** 

Name NIEDBALSKI, SUZANNE Address 4084 BOND CIRCLE NICEVILLE FL 32578 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/14/2019 **PRESIDENT** SIGNATURE: KEVIN P MARTIN